



# Children's National Medical Center<sup>®</sup>

## Donate Now

Thank you for downloading this form from our website to send in your gift to Children's National Medical Center. Please complete, enclose your payment, and send to:

**Children's Hospital Foundation**  
801 Roeder Road  
Suite 300  
Silver Spring, MD 20910

By supporting Children's National, you are joining us in giving kids happy, healthy childhoods. If you have any questions about making a donation, please contact the Foundation office (301) 565-8500 and ask to speak to a member of our gift processing team.

## Make your gift:

Select Gift Amount:

\$25  \$50  \$100  \$250  \$500  Other (indicate amount: \$\_\_\_ )

### Donor Information

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Honor/Memoriam:

This is an honor gift  This is a memorial gift

Honor/Memorial First Name \_\_\_\_\_

Honor/Memorial Last Name: \_\_\_\_\_

Send notification to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message to include: \_\_\_\_\_

\_\_\_\_\_

How your name should appear: \_\_\_\_\_

### Payment Type:

Check (payable to Children's Hospital Foundation)

Credit Card (indicate type):

Visa  American Express  Discover  Mastercard

Card Number: \_\_\_\_\_

CW Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Name on card: \_\_\_\_\_